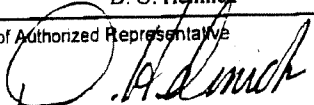


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **August 16th through 31st, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier N/A	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE AUG 30 2002		State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A	
5. APPLICANT INFORMATION					
Legal Name: California Highway Patrol			Organizational Unit: Research and Planning Section		
Address (give city, county, state, and zip code): 2555 First Avenue Sacramento, CA 95818			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Captain Chris Madigan Phone: 916-657-7237		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942257827			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2002 In-Car Camera Initiative			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: In-Car Video Camera Project		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): California - statewide					
13. PROPOSED PROJECT: Start Date: 8/1/2002 Ending Date: 7/30/2003		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Robert T. Matsui 5th Congressional b. Project: In-Car Camera Initiative			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 248,741 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE August 28, 2002			
b. Applicant	\$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local	\$.00				
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 248,741 .00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative D. O. Hemick		b. Title Commissioner		c. Telephone number 916-657-7152	
d. Signature of Authorized Representative 				e. Date Signed AUG 29 2002	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 28, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: WILLITS MENDOCINO ASSOCIATES, A CALIFORNIA	Organizational Unit: LIMITED PARTNERSHIP
Address (give city, county, State, and zip code): 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653	Name and telephone number of person to be contacted on matters involving this application (give area code) Gar-Mar Associates / Attn: Margo 530/823-9250

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

5	4	—	2	0	6	9	0	7	2
---	---	---	---	---	---	---	---	---	---

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Partnership</u>
---	---

8. TYPE OF APPLICATION:

☒ New
 ☐ Continuation
 ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award
B. Decrease Award
C. Increase Duration

D. Decrease Duration
Other(specify):

9. NAME OF FEDERAL AGENCY:
UNITED STATES DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	—	4	1	5
---	---	---	---	---	---

TITLE: Rural Rental Housing Section 515 (RRH-515)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
GATEWAY VILLAGE - Affordable rental housing apartment project - 64 total units consisting of 26 2-bdrm, 32 3-bdrm, & 6 4-bdrm units to be built on 5.59 acres on the corner of Margie Court just off Monica Lane in Willits, Mendocino County, California.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Willits, Mendocino County, California	13. PROPOSED PROJECT <table style="width:100%; font-size: x-small;"> <tr> <td style="width:20%;">Start Date</td> <td style="width:20%;">Ending Date</td> <td style="width:60%;">a. Applicant</td> </tr> <tr> <td>12/1/02</td> <td>8/1/03</td> <td>District #1</td> </tr> </table>	Start Date	Ending Date	a. Applicant	12/1/02	8/1/03	District #1
Start Date	Ending Date	a. Applicant					
12/1/02	8/1/03	District #1					

14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%; font-size: x-small;"> <tr> <td style="width:20%;">b. Project</td> <td style="width:80%;">District #1</td> </tr> </table>	b. Project	District #1	15. ESTIMATED FUNDING: <table style="width:100%; font-size: x-small;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:20%;">\$</td> <td style="width:60%; text-align: right;">125,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">375,000⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">3,865,313⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">1,000,000⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">1,000,000⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">6,365,313⁰⁰</td> </tr> </table>	a. Federal	\$	125,000 ⁰⁰	b. Applicant	\$	375,000 ⁰⁰	c. State	\$	3,865,313 ⁰⁰	d. Local	\$	1,000,000 ⁰⁰	e. Other	\$	1,000,000 ⁰⁰	f. Program Income	\$	0 ⁰⁰	g. TOTAL	\$	6,365,313 ⁰⁰
b. Project	District #1																							
a. Federal	\$	125,000 ⁰⁰																						
b. Applicant	\$	375,000 ⁰⁰																						
c. State	\$	3,865,313 ⁰⁰																						
d. Local	\$	1,000,000 ⁰⁰																						
e. Other	\$	1,000,000 ⁰⁰																						
f. Program Income	\$	0 ⁰⁰																						
g. TOTAL	\$	6,365,313 ⁰⁰																						

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☒ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

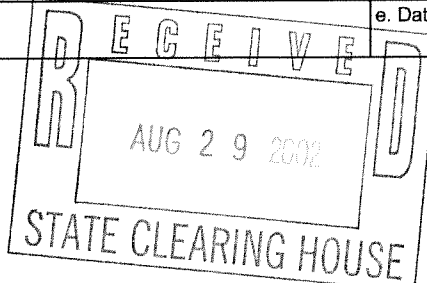
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Caleb Roope, Manager of: ROOPE, LLC	b. Title General Partner	c. Telephone Number (208) 461-0022
d. Signature of Authorized Representative 		e. Date Signed

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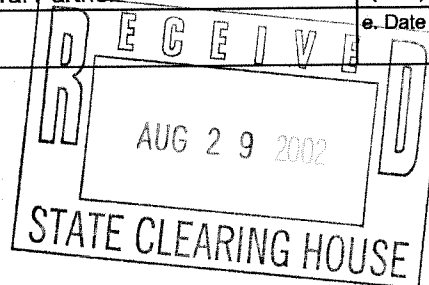
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 27, 2002	Applicant Identifier														
		3. DATE RECEIVED BY STATE	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier														
5. APPLICANT INFORMATION																	
Legal Name: LAKE TERRACE ASSOCIATES, A CALIFORNIA		Organizational Unit: LIMITED PARTNERSHIP															
Address (give city, county, State, and zip code): 13 - 12th Avenue South, Nampa Canyon County, Idaho 83653		Name and telephone number of person to be contacted on matters involving this application (give area code) Gar-Mar Associates / Attn: Margo 530/823-9250															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; float: right; margin-top: -20px;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Partnership</u> </div> </div>															
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: center; gap: 20px;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>D. Decrease Duration</div> <div>Other(specify):</div> </div>		9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; border: 1px solid black; width: 100px; margin: 5px auto;">1 0 — 4 1 5</div> TITLE: Rural Rental Housing Section 515 (RRH-515)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LAKE TERRACE APARTMENTS - Affordable rental housing apartment project - 60 total units consisting of 24 2-bdrm, 28 3-bdrm, & 8 4-bdrm units to be built on 6.1 acres at 7055 Old Highway 53 in Clearlake, Lake County, California.															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Clearlake, Lake County, California																	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:															
Start Date 12/1/02	Ending Date 10/1/03	a. Applicant District #1	b. Project District #1														
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr><td>a. Federal</td><td style="text-align: right;">\$ 125,000⁰⁰</td></tr> <tr><td>b. Applicant</td><td style="text-align: right;">\$ 375,000⁰⁰</td></tr> <tr><td>c. State</td><td style="text-align: right;">\$ 4,220,380⁰⁰</td></tr> <tr><td>d. Local</td><td style="text-align: right;">\$ 1,000,000⁰⁰</td></tr> <tr><td>e. Other</td><td style="text-align: right;">\$ 775,000⁰⁰</td></tr> <tr><td>f. Program Income</td><td style="text-align: right;">\$ ⁰⁰</td></tr> <tr><td>g. TOTAL</td><td style="text-align: right;">\$ 6,495,380⁰⁰</td></tr> </table>		a. Federal	\$ 125,000 ⁰⁰	b. Applicant	\$ 375,000 ⁰⁰	c. State	\$ 4,220,380 ⁰⁰	d. Local	\$ 1,000,000 ⁰⁰	e. Other	\$ 775,000 ⁰⁰	f. Program Income	\$ ⁰⁰	g. TOTAL	\$ 6,495,380 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 125,000 ⁰⁰																
b. Applicant	\$ 375,000 ⁰⁰																
c. State	\$ 4,220,380 ⁰⁰																
d. Local	\$ 1,000,000 ⁰⁰																
e. Other	\$ 775,000 ⁰⁰																
f. Program Income	\$ ⁰⁰																
g. TOTAL	\$ 6,495,380 ⁰⁰																
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Type Name of Authorized Representative Caleb Roope, Manager of: ROOPE, LLC		b. Title General Partner	c. Telephone Number (208) 461-0022														
d. Signature of Authorized Representative 		e. Date Signed															

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APPLICATION FOR FEDERAL ASSISTANCE

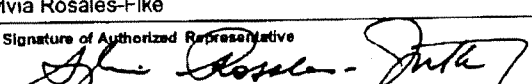
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 28, 2002	Applicant Identifier [REDACTED]
		3. DATE RECEIVED BY STATE August 29, 2002	State Application Identifier [REDACTED]
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier [REDACTED]

RECEIVED
 OMB Approval No. 0348-0043
 STATE CLEARING HOUSE

5. APPLICANT INFORMATION Legal Name: California Human Development Corporation (CHDC)		Organizational Unit: Housing Division
Address (give city, county, State, and zip code): 3315 Airway Dr. Santa Rosa, CA 95401		Name and telephone number of person to be contacted on matters involving this application (give area code): Tony Silva (916) 329-9315
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1653023		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>501 (C) (3) NPO</u> </div> </div>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405 TITLE: 514 / 516 Farm Labor Housing Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design& construction of new community facility, installation of security gates and fencing, repaint of Phase 1 of existing facility, installation of speed bumps, and purchase of laundry equipment.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yuba City / Marysville, Yolo County, California		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:
Start Date 11/4/02	Ending Date 5/30/03	a. Applicant Second (2nd) District b. Project First (1st) District
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	\$ 656,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$ 0 ⁰⁰	
c. State	\$ 0 ⁰⁰	
d. Local	\$ 0 ⁰⁰	
e. Other	\$ 0 ⁰⁰	
f. Program Income	\$ 0 ⁰⁰	
g. TOTAL	\$ 656,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative George L. Ortiz		b. Title President / CEO - CHDC
d. Signature of Authorized Representative		c. Telephone Number (707) 523-1155 e. Date Signed

OMB Approval No. 0348-0043

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/28/2002	Applicant Identifier SBAHQ-01-Y-0150
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 1.7029.1032A
5. APPLICANT INFORMATION			
Legal Name: The New America Foundation		Organizational Unit: Same	
Address (give city, county, state, and zip code): 2974 Adeline Street Berkeley, CA 94703		Name and telephone number of the person to be contacted on matters involving this application (give area code): Sylvia Rosales-Fike (510)540-7785	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3342658		7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): <u>Non-Profit Organization</u>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: U.S. Small Business Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-049 TITLE: Microenterprise PRIME		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Assets 2000 Virtual Business Incubator (Training and Technical Assistance Components)	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco, Oakland, Berkeley and Richmond			
13. PROPOSED PROJECT: Start Date: 09/30/2002 Ending Date: 09/29/2003		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 9 b. Project: 7, 8, & 10	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 78,556.00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/28/2002	
b. Applicant	\$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
d. Local	\$.00		
e. Other	\$ 39,278.00		
f. Program Income	\$.00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 117,834.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Sylvia Rosales-Fike		b. Title President	c. Telephone number (510) 540-7785
d. Signature of Authorized Representative 		e. Date Signed 08/28/2002	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		4. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Long Beach		Organizational Unit: Department of Parks, Recreation & Marine	
Address (give city, county, State, and zip code): 2760 N. Studebaker Road Long Beach, CA 90815-1697		Name and telephone number of person to be contacted on matters involving this application (give area code) Anna Mendiola (562) 570-3165	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000733		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. <input type="checkbox"/> B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-919 TITLE: Urban Park and Recreation Recovery		9. NAME OF FEDERAL AGENCY: 1443 National Park Service	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Silverado Park Pool Rehabilitation Rehabilitation of inner-city indoor pool, roof, bathhouse, and lifeguard/staff area to resolve safety, access and maintenance issues.		8/6, 2002 ROBERT E. SHANNON, City Manager A. Guin DEPUTY CITY A.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Long Beach, California		13. PROPOSED PROJECT	
14. CONGRESSIONAL DISTRICTS OF: 37th & 38th		15. ESTIMATED FUNDING:	
Start Date: 9/1/02 Ending Date: 12/31/04		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Applicant		b. Project	
b. Project		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE August 23, 2002	
c. State		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL		a. Type Name of Authorized Representative Henry Taboada	
b. Title ASSISTANT City Manager		c. Telephone Number (562) 570-7150	
d. Signature of Authorized Representative <i>Henry Taboada</i>		e. Date Signed Aug. 22, 2002	

EXECUTED PURSUANT
TO SECTION 301 OF
THE CITY CHARTER.

APPLICATION FOR FEDERAL ASSISTANCE		DATE SUBMITTED July 31, 2002		licant Identifier	
1. TYPE OF SUBMISSION: <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non Construction		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">AUG 27 2002</div> DATE RECEIVED BY STATE </div>		State Application Identifier	
				Federal Identifier A-009019-03-0	
5. APPLICANT INFORMATION					
Legal Name: Santa Barbara County Air Pollution Control District			Organizational Unit: Air Pollution Control District		
Address (give city, county, state, and zip code): 26 Castilian Drive, B-23 P O Box 8120 Goleta, CA 93118			Name and telephone number of the person to be contacted on matters involving this application (give area code) John M. Nicholas, (805) 961-8854		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="text-align: right;">[7][7]-[0][3][8][4][1][6][7]</div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) [B] A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify): _____		
8. TYPE OF APPLICATION: [X] New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">[6][6]-[0][0][1]</div> TITLE: Air Pollution Control Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Air Pollution Program		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc): Santa Barbara County					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10-01-02	Ending Date 09-30-03	a. Applicant Santa Barbara County		b. Project Santa Barbara County	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: THIS PREAPPLICATION/APPLICATION WAS DATE _____ b. NO: <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY			
a. FEDERAL	\$ 771,575				
b. APPLICANT	\$ 3,368,161				
c. STATE	\$ 103,000				
d. LOCAL	\$.00				
e. OTHER	\$.00				
f. PROGRAM INCOME	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES. IF "YES" ATTACH AN EXPLANATION. <input checked="" type="checkbox"/> NO.			
g. TOTAL	\$ 4,242,736				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative John M. Nicholas		b. Title Business Manager		c. Telephone number (805) 961-8854	
d. Signature of Authorized Representative				e. Date Signed 7/31/02	

32658

OMB Approval No. 0348-0045

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Applicant Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

1. TYPE OF SUBMISSION

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

5. APPLICANT INFORMATION

IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☒ NO IF YES, LIST ACRONYM(S)

Legal Name:

Organizational Unit:

Regents of the University of California

School of Social Ecology

Address (give city, county, state, and zip code):

Office of Sponsored Projects Administration

University of California, Irvine

CA 92687-7600

Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code)

PI: OGUNSEITAN, Oladele Abiola-849824-6350-ogunseitan@uci.edu

ADMIN. CONTACT: Michelle Nelson-949-824-8108-nelsonm@uci.edu

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95 - 2226406

7. TYPE OF APPLICANT: (enter appropriate letter in box)

☒

- | | |
|---------------------|--|
| A. State | H. Independent School Dist. |
| B. County | I. State Controlled Institution of Higher Learning |
| C. Municipal | J. Private University |
| D. Township | K. Indian Tribe |
| E. Interstate | L. Individual |
| F. Intermunicipal | M. Profit Organization |
| G. Special District | N. Other (Specify) <u>1</u> |

8. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency - ORD - NCER

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66 - 500

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Towards Unleaded Electronic Products: Comparative Assessment of Corporate Environmental Behaviors Under Lead-Free Initiatives and Regulations.

TITLE: 2002-STAR - R-1

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Irvine, Orange County, California

13. PROPOSED PROJECT:

Start Date

July 2003

Ending Date

June 2006

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

47

b. Project

15. ESTIMATED TOTAL PROJECT FUNDING:

a. Federal	\$	144,963.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	144,963.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

Faxed 8/26/02

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative
Michelle Nelsonb. Title
Grant Officerc. Telephone number
949-824-8109

d. Signature of Authorized Representative

MICHELLE NELSON
GRANTS OFFICERe. Date Signed
8/26/02

OMB Approval No. 0348-0043

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1695
Recipient Name:	GOLDEN EMPIRE TRANSIT DISTRICT
Project ID:	CA-90-Y181-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Capital assistance

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$4,386,600
Project Number:	CA-90-Y181-00	Adjustment Amt:	\$0
Project Description:	Capital assistance	Total Eligible Cost:	\$4,386,600
Recipient Type:	Other Governmental Organization	Total FTA Amt:	\$3,545,533
FTA Project Mgr:	.	Total State Amt:	\$0
Recipient Contact:	Steve Woods	Total Local Amt:	\$841,067
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0
Fed Dom Asst. #:	None Specified	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Oct. 01, 2002 - Dec. 31, 2003	Est. Oblig Date:	30-Sep-2002
Recvd. By State:		Pre-Award Authority?:	No
EO 12372 Rev:	Not Applicable	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Aug. 19, 2002		
Program Page:	.		
Application Type:	Electronic		

AUG 20 2002

Supp. Agreement?:	No
Debt. Delinq. Details:	

Urbanized Areas

UZA ID	UZA Name
69530	BAKERSFIELD, CA

Congressional Districts

State ID	District Code	District Official
6	20	Calvin M Dooley

Project Details

Capital assistance to purchase 5 paratransit vehicles equipped with wheel chair lifts. Purchase paratransit reservation and scheduling software upgrades and hardware. Procure an electric generator for CNG compression and several other capital items detailed in the milestone schedule. Preventive maintenance expenses procured are part of this application.

If there any questions or concerns please contact me. We appreciates FTA's best efforts to expedite this project and shall be available if/when any information is needed.

Steve Woods

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK	3	\$192,000	\$240,000
ACTIVITY			
11.12.04 BUY REPLACEMENT <30 FT BUS	3	\$192,000	\$240,000
SCOPE			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	6	\$2,977,280	\$3,721,600
ACTIVITY			
11.42.07 ACQUIRE - ADP HARDWARE	1	\$56,000	\$70,000
11.42.08 ACQUIRE - ADP SOFTWARE	1	\$56,000	\$70,000
11.42.11 ACQUIRE - SUPPORT VEHICLES	1	\$32,000	\$40,000
11.44.01 REHAB/RENOVATE - ADMINISTRATIVE FACILITY	1	\$400,000	\$500,000
11.44.02 REHAB/RENOVATE -	1	\$7,200	\$9,000

MAINTENANCE FACILITY			
11.44.05 REHAB/RENOVATE - YARDS AND SHOPS	1	\$52,800	\$66,000
11.7A.00 PREVENTIVE MAINTENANCE	0	\$2,293,280	\$2,866,600
11.43.05 CONSTRUCT - YARDS AND SHOPS	0	\$80,000	\$100,000
SCOPE			
116-00 SIGNAL & COMM EQUIPMENT (BUS)	0	\$376,253	\$425,000
ACTIVITY			
11.62.01 PURCHASE CONTROL/SIGNAL EQUIP	0	\$376,253	\$425,000
Estimated Total Eligible Cost:			
			\$4,386,600
Federal Share:			
			\$3,545,533
Local Share:			
			\$841,067

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.12.04	BUY REPLACEMENT <30 FT BUS	Compressed Natural Gas
11.44.05	REHAB/RENOVATE - YARDS AND SHOPS	Compressed Natural Gas
11.43.05	CONSTRUCT - YARDS AND SHOPS	Compressed Natural Gas

Extended Budget Descriptions

11.42.07	ACQUIRE - ADP HARDWARE	1	\$56,000	\$70,000
Acquire two servers and related peripheral items to provide new software for paratransit operations and software.				
11.42.08	ACQUIRE - ADP SOFTWARE	1	\$56,000	\$70,000
Acquire software for paratransit reservations and scheduling. Our current version is obsolete and upgrades are available. This is a sole source procurement. The upgrade is from the original provider.				

11.42.11	ACQUIRE - SUPPORT VEHICLES	1	\$32,000	\$40,000
Acquire a heavy duty trash collection truck to keep bus stops and terminals clean.				
11.44.01	REHAB/RENOVATE - ADMINISTRATIVE FACILITY	1	\$400,000	\$500,000
GET's administrative building is over 20 years old and we have explained beyond its capacity. Remodeling can optimize our existing space and to add more square footage for future growth.				
11.44.02	REHAB/RENOVATE - MAINTENANCE FACILITY	1	\$7,200	\$9,000
GET requests funding to remove (fill in) a maintenance pit. Currently the pit is covered with steel grads. For safety GET would rather fill it in.				
11.44.05	REHAB/RENOVATE - YARDS AND SHOPS	1	\$52,800	\$66,000
Relocal our diesel bus pumps from the fuel island to the diesel fuel tanks.				
11.7A.00	PREVENTIVE MAINTENANCE	0	\$2,293,280	\$2,866,600
This is for GET's fiscal year 2001-02.				
11.43.05	CONSTRUCT - YARDS AND SHOPS	0	\$80,000	\$100,000
Append FTA grant CA-90-Y093, for additional funding for adding a electrical comopressor for the CNG fueling facility. Initial estimates were about \$400,000. However revised estimates indicate a larger budget is needed.				
11.62.01	PURCHASE CONTROL/SIGNAL EQUIP	0	\$376,253	\$425,000
To append FTA Grant # CA-90-X972, an additional \$376,253 in CMAQ funds and \$48,747 in local funding. The additional funding will be used to add 62 automated passenger counters to our fixed route buses and 14 AVL units for paratransit vehicles.				

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.12.04	BUY REPLACEMENT <30 FT BUS	3	\$192,000	\$240,000
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	Milestone Description	Est. Comp. Date
1.	RFP/IFB OUT FOR BID	Jun. 15, 2002
	GET has a contract with Sunset Bus and Commercial and there is an option for five more buses. If grant is approved, GET shall exercise the option. The dates above are from the current contract.	
2.	CONTRACT AWARDED	Aug. 15, 2002
3.	FIRST VEHICLE DELIVERED	Dec. 15, 2002
4.	ALL VEHICLES DELIVERED	Jan. 31, 2003
5.	CONTRACT COMPLETE	Feb. 28, 2003

11.42.07 ACQUIRE - ADP HARDWARE 1 \$56,000 \$70,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Sep. 15, 2002
2.	Contract Award	Nov. 15, 2002
3.	Contract Complete	Dec. 31, 2002

11.42.08 ACQUIRE - ADP SOFTWARE 1 \$56,000 \$70,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Sep. 30, 2002
	This paratransit software procurement is an upgrade from older software. If there are other competitors who are as cost effective as the upgrade, GET shall issue an RFP.	
2.	Contract Award	Oct. 31, 2002
3.	Contract Complete	Dec. 31, 2002

11.42.11 ACQUIRE - SUPPORT VEHICLES 1 \$32,000 \$40,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Nov. 15, 2002
	Purchase a small dump style truck to handle trash collection and dumping.	
2.	Contract Award	Jan. 15, 2003
3.	Contract Complete	Mar. 15, 2003

11.44.01 REHAB/RENOVATE - ADMINISTRATIVE FACILITY 1 \$400,000 \$500,000

	Milestone Description	Est. Comp. Date

1.	RFP/IFB Issued	Oct. 15, 2002
	Remodel plans are complete and funded with local funding. The bid documents are being completed and GET shall issue a RFP as specified above. Given the scope of the project, it shall take approximately 6 months to complete.	
2.	Contract Award	Dec. 15, 2002
3.	Contract Complete	Jun. 30, 2003

11.44.02 REHAB/RENOVATE - MAINTENANCE FACILITY 1 \$7,200 \$9,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Jan. 15, 2003
	Fill in a hoist pit currently covered with a steel grad.	
2.	Contract Award	Feb. 15, 2003
3.	Contract Complete	Mar. 15, 2003

11.44.05 REHAB/RENOVATE - YARDS AND SHOPS 1 \$52,800 \$66,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Oct. 30, 2002
	Relocal the Diesel fueling pumps closer to the storage tanks. This will allow the remaining diesel buses to be filled at another location and allowing faster CNG fueling.	
2.	Contract Award	Dec. 15, 2002
3.	Contract Complete	Feb. 15, 2003

11.43.05 CONSTRUCT - YARDS AND SHOPS 0 \$80,000 \$100,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Feb. 25, 2003
2.	Contract Award	Mar. 29, 2003
3.	Contract Complete	May. 24, 2003

11.62.01 PURCHASE CONTROL/SIGNAL EQUIP 0 \$376,253 \$425,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Jun. 18, 2001
2.	Contract Award	Dec. 18, 2001

3. Contract Complete

Jun. 08, 2003

Part 5. Environmental Findings

111204 BUY REPLACEMENT <30 FT BUS 3 \$192,000 \$240,000

Finding No. 1 - Class II(c)

C17 - Purchase of vehicles

The purchase of vehicles by the applicant where the use of these vehicles can be accommodated by existing facilities or by new facilities which themselves are within a CE.

114207 ACQUIRE - ADP HARDWARE 1 \$56,000 \$70,000

Finding No. 1 - Class II(c)

C19 - Install purchase maintenance equipment

Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

114208 ACQUIRE - ADP SOFTWARE 1 \$56,000 \$70,000

Finding No. 1 - Class II(c)

C19 - Install purchase maintenance equipment

Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

Part 6: Fleet Status

Fixed Route

		Before	Change	After
I.	Active Fleet			
	A. Peak Requirement	65	0	65
	B. Spares	14	0	14
	C. Total (A+B)	79	0	79
	D. Spare Ratio (B/A)	21.54%	0.00%	21.54%
II.	Inactive Fleet			

	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	79	0	79

Paratransit

		Before	Change	After
I.	Active Fleet			
	A. Peak Requirement	11	0	11
	B. Spares	2	1	3
	C. Total (A+B)	13	1	14
	D. Spare Ratio (B/A)	18.18%	0.00%	27.27%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	13	1	14

Part 7. FTA Comments

No information found.

Part 8: Results of Reviews

The reviewer did not find any errors

OMB Approval No. 0348-0043

RECEIVED
AUG 26 2002

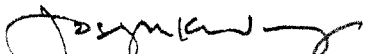
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier														
		3. DATE RECEIVED BY STATE	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier														
5. APPLICANT INFORMATION Legal Name: County of San Mateo Service Area No. 11 Address (give city, county, State, and zip code): 555 County Center, 5th Floor Redwood City, CA 94063 Organizational Unit: Department of Public Works Name and telephone number of person to be contacted on matters involving this application (give area code): Walter Callahan (650) 599-1417																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 — 600032		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">B</div>															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U. S. Department of Agriculture															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;">10 — 760</div> TITLE: Water and Waste Disposal Loan and Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Installation of Production Well to provide drinking water for the Town of Pescadero <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> RECEIVED AUG 23 2002 STATE CLEARING HOUSE </div>															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Pescadero																	
13. PROPOSED PROJECT Start Date: 6/1/03 Ending Date: 10/1/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Anna Eshoo b. Project: Anna Eshoo															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 200,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 50,000⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 250,000⁰⁰</td> </tr> </table>		a. Federal	\$ 200,000 ⁰⁰	b. Applicant	\$ 50,000 ⁰⁰	c. State	\$ ⁰⁰	d. Local	\$ ⁰⁰	e. Other	\$ ⁰⁰	f. Program Income	\$ ⁰⁰	g. TOTAL	\$ 250,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 200,000 ⁰⁰																
b. Applicant	\$ 50,000 ⁰⁰																
c. State	\$ ⁰⁰																
d. Local	\$ ⁰⁰																
e. Other	\$ ⁰⁰																
f. Program Income	\$ ⁰⁰																
g. TOTAL	\$ 250,000 ⁰⁰																
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Type Name of Authorized Representative Neil R. Cullen		b. Title Director of Public Works															
c. Telephone Number (650) 363-4100		e. Date Signed 8/21/02															
d. Signature of Authorized Representative 																	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 6, 2002	3. DATE RECEIVED BY STATE	4. DATE RECEIVED BY FEDERAL AGENCY	RECEIVED AUG 22 2002 STATE CLEARING HOUSE OMB Approval No. 0348-0043																											
5. APPLICANT INFORMATION Legal Name: <u>Alfred Courchesne / Frog Hollow Farm</u> Address (give city, county, State, and zip code): <u>PO Box 872</u> <u>11435 Brentwood Blvd.</u> <u>Brentwood, Contra Costa County, CA 94513</u>		Organizational Unit: <u>sole proprietorship</u> Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Rebecca Smith</u>																														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>914-2856289</u>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> L A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____																														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: <u>USDA Rural Development</u>																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10-4105</u> TITLE: <u>514/516 Farm labor housing program</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>6. single-family strawbale dwelling</u> <u>1. strawbale day-care center</u>																														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>CITIES OF</u> <u>Brentwood, Byron, East Contra Costa County, California</u>		13. PROPOSED PROJECT																														
14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>District 10</u> b. Project <u>SAME</u>		15. ESTIMATED FUNDING:																														
Start Date <u>4/2003</u> Ending Date <u>4/2004</u> <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td><u>840,000</u></td> <td>00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td><u>840,000</u></td> <td>00</td> </tr> </table>		a. Federal	\$	<u>840,000</u>	00	b. Applicant	\$		00	c. State	\$		00	d. Local	\$		00	e. Other	\$		00	f. Program Income	\$		00	g. TOTAL	\$	<u>840,000</u>	00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/22/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	<u>840,000</u>	00																													
b. Applicant	\$		00																													
c. State	\$		00																													
d. Local	\$		00																													
e. Other	\$		00																													
f. Program Income	\$		00																													
g. TOTAL	\$	<u>840,000</u>	00																													
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																														
a. Type Name of Authorized Representative <u>REBECCA SMITH</u>		b. Title <u>project manager</u>		c. Telephone Number <u>925/1034-2445</u>																												
d. Signature of Authorized Representative <u>Rebecca Smith</u>		e. Date Signed <u>August 6, 2002</u>																														

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED August 15, 2002		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Port of Oakland			Organizational Unit: Port of Oakland Acting by and through its Board of Port Commissioners		
Address (give city, county, state, and zip code) 530 Water Street Oakland, CA 94607			Name and telephone number of the person to be contracted on matters involving this application (give area code) Christina Lee (510) 627-1510		
EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 6 3 1 2			7. TYPE OF APPLICANT: (enter appropriate letter in box) C A. State H. Interdependent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)			9. NAME OF FEDERAL AGENCY <div style="text-align: center;">RECEIVED AUG 19 2002 STATE CLEARING HOUSE</div>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 0 . 1 0 6			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. Terminal 2 Building improvements for Baggage and Security Checkpoint Areas (Security Improvements) 2. Security System Interactive Information Database 3. Overlay of Taxiway U 4. Construction of Overlay of Taxiways D and A and Storm Drain Improvemtns		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco Bay Area					
13. PROPOSED PROJECT Start Date: June 2003 Ending Date: Oct. 2004		14. CONGRESSIONAL DISTRICTS OF a. Applicant: 7 b. Project: 4			
15. ESTIMATED FUNDING a. Federal: \$ 9,298,000 .00 b. Applicant: \$ 10,460,800 .00 c. State: \$. d. Local: \$. e. Other: \$. f. Program income: \$. g. TOTAL: \$ 19,758,800 .00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 15, 2002 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative Joseph K. Wong		b. Title Director of Engineering		c. Telephone number (510) 627-1240	
d. Signature of Authorized Representative 				e. Date Signed August 15, 2002	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/15/02		Applicant Identifier
		3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: California Air Resources Board		Organizational Unit: Administrative Services Division		
Address (give city, county, state, and zip code): 1001 I Street P. O. Box 2815 Sacramento, CA 95812		Name and telephone number of the person to be contacted on matters involving this application (give area code) Yolinda Debbs, Administrative (916) 322-8201 Lynn Terry, Program (916) 322-2739		
6. EMPLOYER IDENTIFICATION (EIN): 68-0288069		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____		
8. TYPE OF APPLICATION: XX New Continuation Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001 TITLE: Air Pollution Control Program Support		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to achieve air quality standards. AUG 19 2002		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State of California				
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:		
Start Date 10/1/02	End Date 9/30/03	a. Applicant: 03		b. Project Statewide
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 6,271,038.00	a. X YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE _____ Signature date _____		
b. Applicant	\$ 20,515,127.00	b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. Local	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
e. Other	\$			
f. Program Income	\$			
g. TOTAL	26,786,165.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Typed Name of Authorized Representative. Larry Morris		b. Title: Chief, Administrative Services		c. Telephone Number (916) 322-8198
d. Signature of Authorized Representative		e. Date Signed 8/15/02		

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED 8/15/02	Applicant Identifier
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Air Resources Board		Organizational Unit: Administrative Services Division	
Address (give city, county, state, and zip code): 1001 I Street P. O. Box 2815 Sacramento, CA 95812		Name and telephone number of the person to be contacted on matters involving this application (give area code) Valinda Debbs, Administrative (916) 322-8201 Lynn Terry, Program (916) 322-2739	
6. EMPLOYER IDENTIFICATION (EIN): 68-0288069		TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____	
8. TYPE OF APPLICATION: New Continuation XX Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001 TITLE: Air Pollution Control Program Support		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to achieve air quality standards. AUG 19 2002	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State of California			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 10/1/01	End Date 9/30/02	a. Applicant: 03	b. Project Statewide
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. X YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE _____ Signature date _____ b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 8,309,674.00		
b. Applicant	\$ 20,515,127.00		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 28,824,801.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Larry Morris		b. Title: Chief, Administrative Services	c. Telephone Number (916) 322-9198
d. Signature of Authorized Representative		e. Date Signed 8/15/02	